## Division of Workforce Development

## New Jersey Adult Education Integrated Education & Training (IET) Waiver

Student Name	Date
Site/Location	
My signature below certifies that I have been offer locally provided integrated education and training	
IET Option 1	
IET Option 2	
Additional IET Options offered (if available):	
However, I have chosen not to enroll in an IET co	ourse at this time.
Student Signature	Date
Intake Staff Signature	 Date

## **Instructions for Intake Staff**

Please ensure that the prospective student has been adequately informed of their options before signing this *mandatory* waiver. Keep a copy of this form for each IELCE student funded by Section 243 who declines enrollment in an IET program.